

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-579110

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/			/	/
2	/	/			/	/
3	/	/			/	/
4	/	/			/	/
5	/	/			/	/
6	/	/			/	/
7	/	/			/	/
8	/	/			/	/
9	/	/			/	/
10	/	/			/	/
11	/	/			/	/
12	/	/			/	/
13	/	/			/	/
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15	/	/			/	/
16	/	/			/	/
17	/	/			/	/
18	/	/			/	/
19	/	/			/	/
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41	/	/			/	/
42	/	/			/	/
43	/	/			/	/
44	/	/			/	/
45	/	/			/	/
46	/	/			/	/
47	/	/			/	/
48	/	/			/	/
49	/	/			/	/
50	/	/			/	/
TOTAL IND.	3					
TOTAL D.	40					
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/	/				
52	/	/				
53	/	/				
54	/	/				
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95	/	/				
96	/	/				
97	/	/				
98	/	/				
99	/	/				
100	/	/				
TOTAL IND.						
TOTAL D.						
TOTAL CLAIMS						